

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101580204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
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49								99								
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TOTAL IND.								TOTAL IND.								
TOTAL DEP.								TOTAL DEP.								
TOTAL CLAIMS								TOTAL CLAIMS								